PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Additional provisional application

numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

W DECLAR	RATION F	FOR UTILIT	Y OR	Attorney Docket No.		MCA-617
DESIGN PATENT APPLICATION			First Named Inventor	Will	iam Kopaciewicz	
					COMPLETE IF KN	IOWN
Declaration		□ Declarat	ion	Application Number	10/689,121	
Submitted	OR	Submitted a	fter Initial	Filing Date	October 20,	2003
with Initial		Filing (surc	harge	Group Art Unit		
Filing		(37 CFR 1. Required)	16(e))	Examiner Name		
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specification of w			(Title of the Inve	ention)		
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is attached here	to	October 20,		as United States Application	n Number or PCT Int	ernational (if applicable).
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is attached here OR was filed on (MM oplication Number hereby state that I hended by any am ocknowledge the depart applications, is T International filinereby claim foreign plant breeder's right and the United States tent, inventor's or plant	10/689, ave reviewed endment specuty to disclose material inform g date of the priority benefits s certificate(s), of America, lisant breeder's ririority is claime	I and understand the information which nation which becare continuation-in-pass under 35 U.S.C. 11 or 365(a) of any PC ted below and have ghts certificate(s), or	and was amended the contents of the a above. is material to pater the available between the application. 9(a)-(d) or (f), or 365(T) international applicalso identified below,	bove identified specification atability as defined in 37 CP and the filling date of the prior (b) of any foreign application (ation which designated at lead, by checking the box, any for all application having a filling of	n, including the claim FR 1.56, including for r application and the s) for patent, inventor's ast one country other reign application for late before that of the	(if applicable). s, as continuation- national or

[Page 1 of 3]

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Filing Date (MM/DD/YYYY)

10/22/2002

Application Number(s)

60/420,231

DECLARATION – Utility or Design Patent Application

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I hereby declare that all sta are believed to be true; an made are punishable by fir validity of the application o	d further ne or imp	that these state risonment, or b	ments oth, ur	were ma	ade w	ith the kno	wledge tha	at willful fals	se stateme	ents and	the like so
NAME OF SOLE OR	FIRST	INVENTOR		□ A	petit	ion has I	been filed	d for this	unsigne	d inve	ntor
Given Name					Fan	nily Nam	ie				
(first and middle [if any]) Wi	lliam			or S	Surname	Ko	paciewio	cz		
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Additional inventors a	Additional inventors are being named on the _1_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page __3__ of __3__

Name of Additional Inventor, if any:				A petition has been filed for this unsigned inventor				
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Inventor's Signature					<u></u>		Date	
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Mailing Address		,						
City	State			ZIP		Count	ry	
Name of Additional Language				an han han files	d for this was			
Name of Additional Inventor, if any:				petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature							Date	
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Residence: City State				Country		Citizenship		
Mailing Address								
City	State			ZIP		Count	try	

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/689,121
Filing Date	October 20, 2003
First Named Inventor	William Kopaciewicz
Group Art Unit	
Examiner Name	
Attorney Docket Number	MCA-617

I hereby appoint:					
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OR	Label here				
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Henry C. Nields	17,029 54,104				
Robert Frame	34,104				
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Please change the correspondence address for the above-ident The above-mentioned Customer Number. OR	ified application to:				
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Signature With Grand Thilles	Uhl () Butto				
Date 12/01/03 / 12/0	1/03 12-01-03				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
forms if more than one signature is required, see below.	representative(s) are required. Submit memps				